

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727



STATEMENT OF TERMINATION OF LIMITED PARTNERSHIP

(Section 425E-203, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

1. The partnership is (check one): ☐ Domestic Limited Partnership
☐ Domestic Limited Liability Limited Partnership
2. The name of the partnership is:

3. The Certificate of Limited Partnership was filed on: _____
(Month Day Year)
4. Cancellation is effective on the date of filing or on a later date, not more than 30 days *after* the filing. Check only one of the following statements:
☐ Cancellation is effective on the date and time of filing.
☐ Cancellation is effective on _____, at _____ m.,
(Month Day Year)
Hawaiian Standard Time, which date is not later than 30 days after the filing of this statement.

I/we certify, under the penalties set forth in Sections 425E-208, Hawaii Revised Statutes, that I/we have read the above statements, that the same are true and correct and that all of the general partners have agreed to the termination.

Signed this _____ day of _____, _____.

(Type/Print Name of General Partner)

(Signature of General Partner)

(Type/Print Name of General Partner)

(Signature of General Partner)

SEE INSTRUCTIONS ON REVERSE SIDE. The statement must be signed and certified by at least one general partner.

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. All signatures must be in **black ink**. Submit statement together with the appropriate fee.

The statement must be signed and certified by **at least one** general partner. If partner is a **corporation**, a corporate officer must sign on behalf of the corporation. If partner is another **partnership**, a general partner must sign on behalf of the other partnership. If partner is a **LLC**, must be signed by at least one manager of manager-managed company or by at least one member of a member-managed company. If partner is a **LLP**, must be signed by at least one partner.

- Line 1. Check the appropriate box.
- Line 2. State the full name of the partnership.
- Line 3. State the date (month, day, and year) the Certificate of Limited Partnership was filed with the Department of Commerce and Consumer Affairs.
- Line 4. Check whether the effective date of the cancellation is upon the date and time of filing or effective on a subsequent date. If subsequent date is checked, state the date and time the cancellation is effective. The time must be according to Hawaiian Standard Time. The date and time cannot be more than thirty (30) days **after** the Statement of Termination is filed.

Filing fee (\$10.00) is not refundable. Make check payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check (\$15 fee plus interest charge).

For any questions call (808) 586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign: Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai & Molokai 1-800-468-4644 (toll free).

Fax: (808) 586-2733 Email Address: breg@dcca.hawaii.gov

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.